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Drawing
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DPEH

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application Serial No. 09/882,564
Filing Date June 15, 2001
Inventor Karlfrid Osterried
Assignee Carl-Zeiss-Stiftung trading as Carl Zeiss
Group Art Unit 2873
Examiner T.J. Thompson
Attorney's Docket No. LO26-002
TITLE: Device for Mounting an Optical Element, For Example a Lens Element in a Lens

Assistant Commissioner for Patents
Washington, D. C. 20231
Attention: Official Draftsman

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SUBSTITUTE DRAWING REQUEST

Please enter the enclosed substitute formal drawings, Figs. 1-9, in the above-referenced application in place of the informal drawings previously filed.

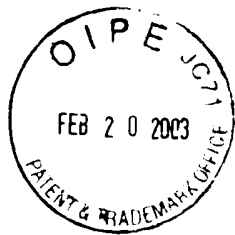
Acknowledgment of receipt of the formal drawings and their acceptance into the file is requested.

Respectfully submitted,

Date: _____

By: _____

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2-25-03
EV003417632

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/882,564
	Filing Date	June 15, 2001
	First Named Inventor	Karlfrid Osterried
	Group Art Unit	2873
	Examiner Name	T.J. Thompson
	Attorney Docket Number	L026-002
Total Number of Pages in This Submission		19

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Drawing(s) Request & Formal <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Postcard
Remarks		NO FEES REQUIRED. The Commissioner is hereby authorized to charge any additional fees required under 37 CFR Sections 1.16 and 1.17 and credit any overpayments to: 23-0925.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	D. Brent Kenady Reg. No. 40,045 WELLS ST. JOHN P.S.
Signature	
Date	2-25-03

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